

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	[WELLBORE COMMUNICATION SYSTEM]																				
Application Number :																					
Date :																					
First Named Applicant:	John Lovell																				
Attorney Docket Number:	20.2836																				
TOTAL FEE AUTHORIZED \$ 1324																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as large entity																					
BASIC FILING FEE																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770				Subtotal For Basic Filing Fees: \$ 770								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	1001	770	770																		
			Subtotal For Basic Filing Fees: \$ 770																		
EXTRA CLAIM FEES																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 46</td><td>26</td><td>1202</td><td>18</td><td>468</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>1201</td><td>86</td><td>86</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 554</td></tr></tbody></table>		Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$	Total Claims : 46	26	1202	18	468	Independent Claims : 4	1	1201	86	86				Subtotal For Extra Claims Fees: \$ 554	
Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 46	26	1202	18	468																	
Independent Claims : 4	1	1201	86	86																	
			Subtotal For Extra Claims Fees: \$ 554																		
AUTHORIZED BILLING INFORMATION																					
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																					
Deposit account number:	190610																				
Access Code	****																				
Deposit name:	Schlumberger Oilfield Services																				
Deposit authorized name:	Brigitte L. Jeffery																				
Signature:	Brigitte L. Jeffery																				
Date (YYYYMMDD):	2004-01-29																				
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					

03/24/2004 BHABTEW 00000006 190610 10707970

01 FC:1001	770.00 DA
02 FC:1201	172.00 DA
03 FC:1202	468.00 DA